

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>    <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. <i>(Optional)</i>:</div> </div> <div>E-MAIL ADDRESS <i>(Optional)</i>:</div> <div>ATTORNEY FOR <i>(Name)</i>:</div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER</b>	
CASE NUMBER:	

1. A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Rm.:
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b. The address of the court where the hearing will be held: ☐ same as noted above ☐ other *(specify)*:

2. An order was entered in this case on *(date)*: \_\_\_\_\_ requiring me to pay support. I request that the order be set aside.

3. Grounds for this request are *(check all that apply)*:

- a. ☐ Fraud
- b. ☐ Perjury
- c. ☐ Lack of notice

4. ☐ I have complied with the time limits for filing this request to set aside *(check one)*:

- a. ☐ Request brought within 6 months after the date I discovered or reasonably should have discovered the fraud.
- b. ☐ Request brought within 6 months after the date I discovered or reasonably should have discovered the perjury.
- c. ☐ Request brought within 6 months after the date:
  - (1) ☐ I obtained or reasonably should have obtained notice of the support order **or**
  - (2) ☐ my income and assets were subject to attachment pursuant to the support order.

5. ☐ FACTS IN SUPPORT of relief requested are *(specify in this space and continue on the back of the form, if necessary; you are required to provide facts in support of your application)*:

☐ Contained in the attached declaration.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ FACTS IN SUPPORT of relief requested are *(continued from front page)*:  
☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)